



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

**L-2193**

(11/29/06)  
4349

**QUARTERLY BIODIESEL & ETHANOL  
INCENTIVE FORM REFUND APPLICATION**

Mail to S C Department of Revenue, Motor Fuel Section, Columbia, SC 29214  
Phone: (803) 898-5751

NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License Number

FEI/SSN

Period Covered

Product Codes: B20 D20 E85

1. Clear Biodiesel (B20) \_\_\_\_\_ gallons x \$.05 = \$ \_\_\_\_\_ Refund
2. Dyed Biodiesel (D20) \_\_\_\_\_ gallons x \$.05 = \$ \_\_\_\_\_ Refund
3. Fuel Grade  
Ethanol/Blend (E85) \_\_\_\_\_ gallons x \$.05 = \$ \_\_\_\_\_ Refund

Schedule A - Purchases (To be completed by Retailers and Distributors)

Schedule B - Sales to End Users (To be Completed by Distributors Only)

This incentive is available to "Ultimate Vendors" of B20 Biodiesel ( a blend of 20% biodiesel and 80% clear petroleum diesel ), D20 off-road fuel ( a blend of 20% biodiesel with 80% dyed petroleum diesel ) and E85 ethanol ( a blend of 85% fuel grade ethanol with 15% gasoline). An "ultimate vendor" is the entity that makes sales of petroleum products to the end user (consumer) of the product. **In order to qualify for the five cents per gallon incentive, the selling price of the product must be at least five cents below the lowest priced comparable 100% petroleum product offered by the applicant at the same outlet.**

Line 1 - Enter the total gallons sold of Clear Biodiesel (B20) and multiply by five cents to determine the refund/incentive due.

Line 2 - Enter the total gallons sold of Dyed Biodiesel (D20) and multiply by five cents to determine the refund/incentive due.

Line 3 - Enter the total gallons sold of Fuel Grade Ethanol/Blend (E85) and multiply by five cents to determine the refund/incentive due.

**Please note that documentation must be maintained for all information reported on this refund application and is subject to audit per South Carolina section 12-54-100 & section 12-54-210.**

**When signing this form, it is important that the information contained in your report be correct and complete. To willfully furnish a false or fraudulent statement to the Department is a crime per section 12-54-44(4).**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only** Audited by: \_\_\_\_\_ Date: \_\_\_\_\_

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**SCHEDULE A - PURCHASES**

PRODUCT TYPE (Circle One)

### Use a separate schedule for each product type

Ethanol Blend	E85
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Biodiesel	Clear	B20
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Biodiesel Dyed D20

NAME OF CARRIER	MODE	DESTINATION CITY, STATE	ACQUIRED FROM NAME	DATE	MANIFEST NUMBER	GALLONS	PRODUCT CODE
				TOTAL GALLONS			

**SCHEDULE B - SALES  
TO BE COMPLETED BY DISTRIBUTORS ONLY**

NAME OF CARRIER	MODE	DESTINATION CITY, STATE	CUSTOMER NAME	DATE	MANIFEST NUMBER	GALLONS	PRODUCT CODE
				TOTAL GALLONS			

## INSTRUCTIONS FOR SCHEDULE A & B

### **COLUMN 1 CARRIER**

Enter the name of the company that transported the product.

### **COLUMN 2 MODE OF TRANSPORT**

Enter the mode of transport. Use one of the following:

J = Truck              R = Rail

### **COLUMN 3 POINT OF DESTINATION**

Enter the name of the City and State of destination

### **COLUMN 4 ACQUIRED FROM NAME/SOLD TO NAME**

Schedule A - Enter the name of the company from which the product was acquired

Schedule B - Enter the customer name

### **COLUMN 5 DATE**

Enter date acquired/sold.

### **COLUMN 6 MANIFEST NUMBER**

Enter the identifying number from the invoice.

### **COLUMN 7 GALLONS**

Enter gallons.

### **COLUMN 8 PRODUCT CODE**

Enter product code.